2968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02948

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 39
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 330 TYLER ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 39
STREET ADDRESS (If rural give location): 330 Tyler St.

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) WHITE (Last) BAILEY

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Pinksley, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William White

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: 330 Tyler St. Mrs. Maggie Lane - Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1954, to Mar. 18, 1954, that I last saw the deceased alive on Mar. 18, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Mar. 21, 1954 — NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/20/54 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors - Crisfield, Md.

RECEIVED
MAR 22 1954
BUREAU V. S.

2980

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2943)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Crisfield X
LENGTH OF STAY (in this place): ----
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Rt. # 413 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Westover X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) ELLEN (Last) BIVENS

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	colored	widowed	May 23, 1914	39 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	Seafood Industry	Westover, Md.	USA

13. FATHER'S NAME: Charles H. Fontaine

14. MOTHER'S MAIDEN NAME: Lillie B. Collier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		--	111 ½ S. 4th St. Miss Maeola Fontaine— Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

(a) Immediate cause: Burned to Death in
DUE TO
(b) Antecedent causes (s) (Diseases or conditions, if any, which gave rise to the above cause stating the underlying cause last.): automobile accident = Due to accident & Fire
DUE TO
(c) (3 car)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Burning Auto & her Body

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
SOMERSET COUNTY, MD.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒ X

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OR Residence) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Route 413	Crisfield	Somerset	Md

TIME (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☒ X	HOW DID INJURY OCCUR?
March 7, 1954 2:30 a.m.		Automobile accident

22. I hereby certify that I attended the deceased Dec. was, to dec. 19.. that I last saw the deceased alive on ..., 19.., and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm H Coulbourn M.D	Crisfield Md	3/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Mar. 9, 1954	Library Cemetery	Marumsco, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/54	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield, Md.

RECEIVED
MAR 11 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02950

CERTIFICATE OF DEATH

Reg. Dist. No. 2-65

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield 39
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station X
STREET ADDRESS (If rural give location) White's Rd.

3. NAME OF DECEASED: (Type or Print) (First) ALEAN (Middle) PURNELL (Last) BYRD
4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): near Pocomoke, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred Purnell
14. MOTHER'S MAIDEN NAME: Isabelle Cottman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Smith Byrd - Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: few minutes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Cardio-vascular Disease — 5 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation & Angina — 2 weeks

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1953, to 3/14, 1954, that I last saw the deceased alive on 3/14, 1954, and that death occurred at 7.30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. N. Barr, M.D. ADDRESS Crisfield, Md. DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Mar. 17, 1954
NAME OF CEMETERY OR CREMATORY Private Cemetery at Home
LOCATION (City, town, or county) (State) Marion Station, Md.
DATE REC'D BY LOCAL REGISTRAR 3/17/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.

2970

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02951

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Crisfield X
STREET ADDRESS (If rural give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) Avalon (Middle) S. (Last) Daugherty

4. DATE OF DEATH: (Month) March (Day) 28, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 9,1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Algie S. Sterling

14. MOTHER'S MAIDEN NAME: Ruth Lawson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Harry Daugherty, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Carcinoma onary c̄

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) metastasis to broad ligament &

DUE TO (c) fundus uterus

Interval Between Onset And Death: General years (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal failure following operation

19a. DATE OF OPERATION: March 26 54

19b. MAJOR FINDINGS OF OPERATION Carcinoma of onary uterus & broad ligament

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to March, 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 10 10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. G. Rawley M.D. ADDRESS Crisfield Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 31, 1954

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 3/31/54

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1954
BUREAU V. S.

Item 21a Film G163 4/5/54 ams

2971

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02952

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Crisfield 39
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadway X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 39
STREET ADDRESS (If rural give location): Broadway

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LEVI	LLOYD	DENNIS	Mar.	15	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	colored	Single	1909	45 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	Seafood Industry	Marion Station Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
LLOYD DENNIS	Lean Whittington

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	220-16-9878	Charles Dennis - New Orleans, La.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

936.6
Immediate cause (a) Lacerated (superficial) Face
DUE TO (b) Shock - Chronic alcoholism -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Blood Examined by State Chemist

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Western	Crisfield	Somerset	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At Work X	HOW DID INJURY OCCUR?
March		1954	m.			He slipped from out the threw Glass

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm H Coulbourn M.D.	Crisfield Md	March 22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	MAR 18, 1954	Wesley Cemetery	Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/54	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield, Md.

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S.

2972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12953

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia
STREET ADDRESS (If rural give location) 1742 N Lambert Street

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) (Last) Dale

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 16, 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 11 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westover, Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Collins

14. MOTHER'S MAIDEN NAME: Sarah Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Preston Dale — 1742 N. Lambert St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dil of Heart — Interval Between Onset And Death 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis Chronic Int. Nephritis Years

DUE TO

(c) Peritoneal Carcinoma about 2 yrs.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1952, to Mar. 23, 1954, that I last saw the deceased alive on Mar. 23, 1954, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Goodman M D — ADDRESS Marion Sta. Md — DATE SIGNED 3-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 28, 1954 — NAME OF CEMETERY OR CREMATORY Cottage Grove — LOCATION (City, town, or county) Westover Somer. Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 24, 1954 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H. Ward — ADDRESS Marion Sta., Md Box 235.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

2973
M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02954

02954

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (First) Eva (Middle) Alice (Last) Hardester
4. DATE OF DEATH: (Month) March (Day) 15, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Aug. 25, 1878	75 yrs.	6	20		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Daugherty
14. MOTHER'S MAIDEN NAME: Julia F. Daugherty

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Allen Hardester, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma — Interval Between Onset And Death (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
734.9

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Femur — 3 months

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 53, to Mar, 19 54, that I last saw the deceased alive on Mar 15, 19 54, and that death occurred at 12.15 P.M.; from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. G. Rawley M.D.		Crisfield Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 17, 1954	Sunny Ridge	Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/16/54	Betty W. Tyler	Durward G. Covington,	Crisfield, Md.

VS. A15

IREAU V. S.

2981

M

02955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County Somerset
City or town Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Several years
Hospital, institution, or street address where death occurred: McCready Hospital
How long in hospital or institution? 30 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4th Street
(If rural, give LOCATION)
2.(a) If veteran, name war yes W.W. II

3.(a) FULL NAME Norris E. Jones

3.(b) Social Security Number

4. Sex Male
5. Color or race Black
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife .....
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day) July 18 - 1923
8. AGE: Years 30. Months Days If less than one day ..... hrs. ..... min.
9. Birthplace Crisfield Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Sea Food Business
12. Name Edward Clarence Jones
13. Birthplace
14. Maiden name Dollie Beauchamp
15. Birthplace
16. Informant George Jones
Address Broadway Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 10. 1954 (month) (day) (year)
Cemetery or crematory Lawsonia
Location RFD Crisfield Md
18. Funeral director Bradshaw Funeral Parlor
Address Crisfield, Md.
19. 3/15 1954 (Date rec'd by registrar) Betty Tyler mnt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1954 at ..... M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from he was Dead before I saw him 19 to 19
and that I last saw him alive on 19
Immediate cause of death Automobile Accident - Crushed Chest - Fractured Ribs
Due to Shock & Internal
Due to Hemorrhage
Other conditions 82.5X
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 3/7/54
Where did injury occur? RFD Crisfield Som Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Route 413
Means of injury Auto accident Injured at work?
23. SIGNATURE Wm H Coulbourn M.D. M.D. or other
Address Crisfield - Md Date signed 3/10-1954

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 15 1954
BUREAU V. S.

2974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Crisfield
MARYLAND LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Ave., Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Asbury Ave., Ext.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) JONES

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1954

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 9, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Jones

14. MOTHER'S MAIDEN NAME: Adeline Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: 217-01-4610

17. INFORMANT & ADDRESS: William H. Jones, Jr.— Broadway Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute coronary occlusion — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Hypertensive heart disease — 2-3 years
(c): Hypertension - essential — 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ,1952, to Mar 27, 1954, that I last saw the deceased alive on Mar 27, 1954, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert F. Lewis MD — ADDRESS: Crisfield Md. — DATE SIGNED: 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Mar. 31,1954 — NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 4/6/54 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors—Crisfield, Md.

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APR 9 1954
BUREAU V. S.

VS A15 6 5M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8 film G 162 3/24/54 cm

2 William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
[illegible] COUNTY, MD.

02957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

County Somerset

City or town R.F.D. Crisfield, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All his lifetime

Hospital, institution, or street address where death occurred: No

How long in hospital or institution? No X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town R.F.D. Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)

Street No Old State Road
(If rural, give LOCATION)

2.(a) If veteran, name war 9

3. (a) FULL NAME William Edgar McCready

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Edna May McCready

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 10 1891

8. AGE: 62 Years 6 Months 7 Days 4 If less than one day ..... hrs. ..... min.

9. Birthplace: Crisfield, Maryland (Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business: Self Employed

FATHER
12. Name: Asbury F. McCready
13. Birthplace: Crisfield - Maryland

MOTHER
14. Maiden name: Nancy Bell Wharton
15. Birthplace: Crisfield - Maryland

16. Informant: Mrs Edna M. McCready (wife)
Address: R.F.D. Crisfield - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 17, 1954 (month) (day) (year)

Cemetery or crematory: Asbury Cemetery

Location: Crisfield, Maryland

18. Funeral director: Durward J. Covington
Address: Crisfield, Maryland

19. 3-17-54 19 ..... (Date rec'd by registrar) Betty W. Tyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1954 at 6 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from He was Dead before I and that I last saw him was notified 19 .....

Immediate cause of death: Coronary Disease

Due to: He died Suddenly

Due to: Arterio Sclerosis

Other conditions: 0 (Include pregnancy within 3 months of death)

Major findings of operations: no Date of op

Autopsy results: no

PHYSICIAN Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide: Natural Cause Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Died at Home

Means of Injury Injured at work?

23. SIGNATURE: Wm H Coulbourn M D M.D. or other

Address: Crisfield Md Date signed 3/17-54

2975

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02958

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39
LENGTH OF STAY (in this place) 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39
STREET ADDRESS (If rural give location) 308 Pine Street

3. NAME OF DECEASED: (Type or Print) First) Lucy (Middle) F. (Last) McMurry

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 21, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Fuqua

14. MOTHER'S MAIDEN NAME: Sarah E. Parham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert Tawes, Pine St. Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Condition

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. Nephritis & Myocarditis

DUE TO

(c) General Arteriosclerosis

Interval Between Onset And Death: 72 hrs. Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1954, to Mar. 31, 1954, that I last saw the deceased alive on Mar 30, 1954, and that death occurred at 1:00 AM., from the causes and on the date stated above.

SIGNATURE George E. Coulburn M.D. (Degree or title) ADDRESS Marion Sta. Md DATE SIGNED 3-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 2, 1954 NAME OF CEMETERY OR CREMATORY Whitechapel cem. LOCATION (City, town, or county) (State) Guthrie, Kentucky

DATE REC'D BY LOCAL REGISTRAR 4-1-54 REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Durward W. Covington, Crisfield, Md. ADDRESS

RECEIVED
APR 5 1954
BUREAU V. S.

2976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(12953)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Somerset Co.

1. PLACE OF DEATH:

County ...

City or town Crisfield (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hours

Hospital, institution, or street address where death occurred: McCready Hospital

How long in hospital or institution? ...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Md (If outside city or town limits, write RURAL and give nearest town)

Street No 1 Richardson Ave (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Paul Henry Nelson

(b) Social Security Number 143-01-6392

Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Male	White	Divorced

6.(b) Name of husband or wife Edith Marshall

6.(c) If alive, give age ... years

7. Birth date (Mo., day, yr.) December 13, 1911

8. AGE: Years	Months	Days	If less than one day
42	2	24	hrs. ... min.

9. Birthplace Crisfield, Md (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business ...

12. Name of father James Henry Nelson

13. Birthplace of father Crisfield Md

14. Maiden name of mother Josephine M. Lawson

15. Birthplace of mother Crisfield Md

16. Informant Henrietta Nelson

Address Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 10, 1954 (month) (day) (year)

Cemetery or crematory Bonny Ridge

Location Crisfield, Md

18 Funeral director Durand L. Covington

Address Crisfield, Md.

19. 3/9/54 (Date rec'd by registrar) 19. ... Betty W. Tyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1954 at 3:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19... and that I last saw him alive on ... 19... He was dead when I arrived. I was notified

	DURATION
Immediate cause of death Automobile Accident = Bruised Chest Fractured Ribs	
Due to Compound Fracture Rt Tibia & Fibula & Fractured Rt Ankle & Shock	
Due to ...	
Other conditions ...	

8/6X William H. Coulbourn, M. D.

(Include pregnancy within 3 months of death)

Major findings of operations DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD. Date of op. ...

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 3/7/54

Accident, suicide, or homicide Accident Date of injury ...

Where did injury occur? R.F.D. Crisfield Somerset Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) H.S. route

Specify activity at time of accident Auto accident Injured at work? 3-3

Manner of injury Auto accident

23. SIGNATURE Wm H Coulbourn M.D.

Address Crisfield Md Date signed 3/9-54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MAR 11
U. S.

2977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02960

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 335 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 335 Locust St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FRANKLIN (Last) NORFLEET

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 11, 1910

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: general laborer

10b. KIND OF BUSINESS OR INDUSTRY: Domestic, general, etc.

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jayson Norfleet

14. MOTHER'S MAIDEN NAME: Deliah Joyner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Mrs. Geneva Ward— 335 Locust St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

441 X

Immediate cause (a) Uremia — 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Glomerulonephritis — 1 mo.

DUE TO

(c) Hypertensive Cardio-Vascular-Renal Disease — Known 6 mos.

Malignant

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1953, to Mar. 3, 1954, that I last saw the deceased alive on Mar 3, 1954, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. N. Barr, M.D. ADDRESS: Crisfield, Md DATE SIGNED: Mar 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: March 5, 1954
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/5/54
REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield, Md.

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MAR 8 19[illegible]
BUREAU V. S.

2983 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02961

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover X
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) L (Last) Robertson

4. DATE OF DEATH: (Month) Mar (Day) 13 (Year) 1954

5. SEX: Fem
6. COLOR OR RACE: Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 3-1902
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seafood Worker
10b. KIND OF BUSINESS OR INDUSTRY: C
11. BIRTHPLACE (State or foreign country): Westover Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Collins
14. MOTHER'S MAIDEN NAME: Sarah Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.: 219-14-2619
17. INFORMANT & ADDRESS: Emma Ballard Westover Somerset Co Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2
(a) Myocarditis - Acute Dil. of heart
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis + Nephritis
DUE TO
(c)

Interval Between Onset And Death: about 1 mo. 2 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1954, to Mar. 13, 1954, that I last saw the deceased alive on Mar. 12, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE Luke C Coulburn (Degree or title) MD ADDRESS Marion, Md DATE SIGNED 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Bur
DATE THEREOF Mar 16-1954
NAME OF CEMETERY OR CREMATORY Cottage grove
LOCATION (City, town, or county) Westover Somerset Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-15-54
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Charles H. Ward. ADDRESS Marion Sta Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02962

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) - (Last) ROBINSON
4. DATE OF DEATH: (Month) March 1, (Day) (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: March 26, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Robinson
14. MOTHER'S MAIDEN NAME: Susan Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Noah White, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
500X
Immediate cause (a) Acute Tracheobronchitis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Common Cold infection
DUE TO
(c)

Interval Between Onset And Death: 10 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: C. Laryngitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Feb 25 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 2:05 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) N. E. Sartorius MD ADDRESS Pocomoke City Md DATE SIGNED 3/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/3/54
NAME OF CEMETERY OR CREMATORY Christ ME Cemetery
LOCATION (City, town, or county) (State) RFD 1, Pocomoke, Md.
DATE REC'D BY LOCAL REGISTRAR 3/5/54
REGISTRAR'S SIGNATURE Mrs Denille Bozman
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1
BUREAU V. S.

2978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02963

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Sackertown Rd.

3. NAME OF DECEASED: (Type or Print) First) NORRIS (Middle) WILLIAM (Last) TAYLOR
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Tavern Business
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin Taylor
14. MOTHER'S MAIDEN NAME: Frances Howeth
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 220-03-1853
17. INFORMANT & ADDRESS: Mrs. Evelyn Taylor Morgan— W. Main St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

984 X
Immediate cause (a) Pistol Shot wound in Right
DUE TO Chest by State Police officer as he
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) resisted arrest for murdering
DUE TO his wife = Cause Death Hemorrhage
(c) & Shock

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R.F.D. Crisfield Md (CITY OR TOWN) R.F.D. (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 1 1954 6 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ No
HOW DID INJURY OCCUR? Shot by State Police

22. I hereby certify that I attended the deceased from ..., 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED Mch 3-1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF March 4,1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion-Somerset-Md.
DATE REC'D BY LOCAL REGISTRAR 3/4/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1934
BUREAU V. S.

2985

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02964

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Crisfield
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Rt. # 413

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Lawsonia Section

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) (Last) TULL
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov. 24, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Tull
14. MOTHER'S MAIDEN NAME: Cornelia Gunby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 220-12-0522
17. INFORMANT & ADDRESS: Miss Elsie Tull--Lawsonia, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burned to Death in automobile Accident = Due to 3 Car Accident & Fire

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death

8/10 X

William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fire Burning Auto & his Body

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) 413 Route
(CITY OR TOWN) Rt 5 Crisfield (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 7:54 2:30 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Automobile Accident.

22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on 19 , and that death occurred at 2:15 a.m. from the causes and on the date stated above.
I was Called to Sci. Pt. Was Dead when I arrived
SIGNATURE (Degree or title) Wm H Coulbourn MD
ADDRESS Crisfield Md
DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Mar. 8, 1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 3/8/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors--Crisfield, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11
BUREAU V. S.

2986

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02965

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (Rural) X
LENGTH OF STAY (in this place) 93 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X Crisfield
STREET ADDRESS (If rural give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Jane (Last) Tyler

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 18, 1860

9. AGE last birthday: 93 yrs. — IF UNDER 1 YEAR: Months 2 Days 15 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Lawson

14. MOTHER'S MAIDEN NAME: Mahala Somers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Grace T. Milbourne Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X
Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — many years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Marked Senile Degeneration, Auricular Fibrillation — Years 3 months

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to Mar 2, 1954, that I last saw the deceased alive on Mar 2, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE Q. N. Bass, M.D. — (Degree or title) — ADDRESS Crisfield — DATE SIGNED 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 5, 1954 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Crisfield, Md. — (State)

DATE REC'D BY LOCAL REGISTRAR 3/5/54 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington — ADDRESS Crisfield, Md.

VS. A15

RECEIVED
MAR 8 1954
BUREAU V. S.

2979

02966

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 39 Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dock St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 39
STREET ADDRESS (If rural give location): Dock St.

3. NAME OF DECEASED: (Type or Print) (First) NATHAN (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 1905

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Williams

14. MOTHER'S MAIDEN NAME: Dehlia Miles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: 217-07-2925

17. INFORMANT & ADDRESS: Dock St. Mrs. John P. Horsey— Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Acute coronary occlusion	Immediate
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic hypertensive heart disease	5 years ±
	DUE TO (c) Essential hypertension	10 years ±

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 2/15, 1953, to 3/9, 1954, that I last saw the deceased alive on 3/7, 1954, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE: Robert F. Lewis — (Degree or title) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — **DATE THEREOF:** Mar. 12, 1954 — **NAME OF CEMETERY OR CREMATORY:** Lawsonia Cemetery — **LOCATION** (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/11/54 — **REGISTRAR'S SIGNATURE:** Betty W. Tyler

24. FUNERAL DIRECTOR — **ADDRESS:** Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.